CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD CENTRAL COAST REGION

NOTICE OF INTENT

TO COMPLY WITH THE TERMS OF THE GENERAL PERMIT FOR DISCHARGES OF HIGHLY TREATED GROUNDWATER TO SURFACE WATERS (NPDES PERMIT No. CAG993002, WDR ORDER No. R3-2006-0067)

	[] Existing Fac	3. [] C	hange of Info	ormation WDIE harge to Existing Highly		Groundwa	ater General Permit
I. OWNER/OPERATOR							
Name: Mailing Address:				Owner/Operator Type (Check one): [] City [] County [] State [] Federal [] Special District [] Gov. Combo [] Private			
City:			State:	Zip:	Pho	ne:	
Contact Person:				[] Owner [] Operator [] Owner/Operator			
Email Address:				FAX:			
II. FACILITY/SITE INFORMA	ATION			·			
Facility Name:			County:				
Street Address:			Contact Person:				
City: State:			State:	Zip: Phone:			
Email Address:			FAX:				
III. BILLING ADDRESS							
Send to: [] OWNER/OPERATOR	Name:	Name:					
[] FACILITY	Mailing A	Mailing Address:					
[] OTHER (Enter information at right)	City:				State:	Zip:	
STATE USE ONLY		1					
WDID:		Regional Board Of	Date Permit Issued:				
NPDES Permit Number: CAG993002	Order Num	iber:	Fee /	Amount Received:		Date NO	OI Received:

IV.	DISCH	IARGE	INFOR	RMAT	ION
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IV. DISCHARGE INFORMATION		
Flow volume (GPD):	Description of discharge and constituer	its:
Flow rate (GPM):		
Frequency & duration of discharge:		
A. Source of discharges (check all that apply) and attach	a diagram of water flow through this faci	lity:
 [] Groundwater extraction and treatment for c [] Aquifer pump test [] Dual-phase extraction test, or other extracti [] Underground storage tank, or contaminated [] Other (describe below) 	on pilot test	
Describe:		
B. Discharge location: Address:		
Township/Range/Section: T, R	_, Sec,B&M	Latitude Longitude
Attach a map showing the discharge site, receiving water	s, other nearby surface waters, nearby w	rells & residences, treatment system, etc.
V. RECEIVING WATER INFORMATION		
A. Does your facility discharge to (Check one):		
1. [] Storm drain system – Include written permission an 2. [] Directly to waters of U.S. (e.g., river, lake, creek, o 3. [] Indirectly to waters of U.S.		
B. Name of closest receiving water:		
VI. LAND DISPOSAL/RECLAMATION		
The Water Quality Control Plan encourages reuse/reclamalternative prior to any discharge to surface water under the		ere practical. You must evaluate and rule out this
Is land disposal/reclamation feasible? Yes	No(explain on separate she	eet)
VII. FEES		
A check payable to the State Water Resources Control B contact the Water Board for the current fee.	oard in the amount appropriate for a disc	harge must be submitted. Applicants should
VIII. CERTIFICATIONS		
"I certify under penalty of law that this document and all system designed to assure that qualified personnel proper or persons who manage the system, or those persons diesely of my knowledge and belief, true, accurate, and compliculating the possibility of fine and imprisonment." In a complied with.	erly gather and evaluate the information a rectly responsible for gathering the inform ete. I am aware that there are significa-	submitted. Based on my inquiry of the person nation, the information submitted is, to the best ant penalties for submitting false information,
Printed Name:	Title:	
Signature:		Date: